

Planning Department

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SEWER NEEDS QUESTIONNAIRE

Purpose: The Sewer Needs Questionnaire must be completed for all Planning Review Applications. Please keep a copy of this completed questionnaire for your files.

Assessor's Parcel Number (APN): _____

Total Area of this APN: _____ **Total Area To be Occupied Under Application:** _____

Site Address, if available: _____

Applicant Name: _____

Main Phone: _____ **Email Address:** _____

A. TYPE OF BUSINESS that will occupy this building (Describe type of business and possible equipment, processes, products or services involved).

B. APPLICATION DATA

1. Describe the affect of this business on City water supply demand (quantity of water use) and the amount of sewage discharge.

2. What is the square footage (in square feet) involved in this application? _____ S.F.

3. Anticipated square footage breakdown of your proposed facility or tenant space:

Office/Bathroom	_____ S.F.	Manufacturing	_____ S.F.
Warehouse	_____ S.F.	Residential	_____ # of DU
Restaurant	_____ S.F.	Other	_____ S.F.

4. The building area ☐ has ☐ has not been previously occupied. (Check one)

5. Name of current co-tenant(s), if any _____

Note: Co-tenant is defined as those who share the domestic water service with you.

C. TOTAL ESTIMATED WATER USES for this application (in gpd, gallons per day)

Office/Bathroom	_____ gpd	Steam Cleaning	_____ gpd	_____ gpd
Car washing	_____ gpd	Manufacturing	_____ gpd	_____ gpd
Cooking	_____ gpd	Product	_____ gpd	_____ gpd
Cooling Towers	_____ gpd	Steam Cleaning	_____ gpd	_____ gpd

Others: